	Our Docket No.: **I69.12-0610**	Date: **February 4, 2004**
UTILITY PATENT APPLICATION TRANSMITTAL	First Named Inventor: **Peter H. Clifton, et al.**	
	Title: **TMR SENSOR WITH OXIDIZED ALLOY BARRIER LAYER AND METHOD FOR FORMING THE SAME**	
	Express Mail No.: **EV 302263135 US**	

APPLICATION ELEMENTS

ADDRESS TO:
**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

1. [X] Fee Calculation Sheet
 (Submit an original and a duplicate for fee processing)

2. [] Applicant claims small entity status

3. [X] Specification   Total Pages **[19]**
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed. Sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claims
 - Abstract of the Disclosure
4. [X] Drawings (35 U.S.C. 113)   Total Sheets **[5]**
5. [X] Oath or Declaration   Total Pages **[6]**
 a. [X] Newly Executed (original or copy)
 b. [] Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)
  [Mark Box 5 below]
  I. [] DELETION OF INVENTOR(S)
  Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)
6. [X] Application Data Sheet. See 37 CFR 1.76.

7. [] CD-ROM or CD-R in duplicate, large
       table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission
 (*If applicable, all necessary*)
 a. [] Computer Readable Copy (CRF)
 b. Specification Sequence Listing on:
  i. [] CD-ROM or CD-R (2 copies; or
  ii. [] Paper
 c. [] Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. [X] Assignment Papers (cover sheet & document(s))
10. [X] 37 C.F.R. 3.73(b) Submission
  [X] Power of Attorney
11. [] English Translation Document (*if applicable*)
12. [X] Information Disclosure Statement with copies of Citations as necessary
13. [] Preliminary Amendment   Total Pages []
14. [X] Return Receipt Postcard (*Should be specifically itemized*)
15. [] Certified Copy of Priority document(s) (*If foreign priority is claimed*)
16. [] Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
17. [X] Checks totaling $994.00

18. **If a CONTINUING APPLICATION**, *check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76*:
 [] Continuation   [] Division   [] Continuation-in-part (CIP) of prior Application No.

 Prior Application Information: Examiner __   Group Art Unit __
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. **CORRESPONDENCE ADDRESS**

ATTY NAME AND REG. NO.	**David R. Fairbairn** 26,047	SIGNATURE:
ADDRESS	**Kinney & Lange, P.A.** **THE KINNEY & LANGE BUILDING** **312 South Third Street** **Minneapolis, MN 55415-1002**	
TELEPHONE	**(612) 339-1863**	FAX: **(612) 339-6580**

FEE TRANSMITTAL

	Compl te if Known
Application No.	
Filing Date	Herewith
First Named Inventor	Peter H. Clifton, et al.
Group Art Unit	
Examiner Name	
Atty. Docket Number	I69.12-0610

Total Amount of Payment $994.00

METHOD OF PAYMENT (Check One)

1. **[X]** The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. **[X]** Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description
1001	770	2001	385	[X] Utility Filing Fee
1002	340	2002	170	[] Design Filing Fee
1004	770	2004	385	[] Reissue Filing Fee
1005	160	2005	80	[] Prov. Filing Fee

Subtotal (1) $770.00

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below		Fee Paid
Total	28	- 20	= 8	x 18	=	144
Indep.	3	- 0	= 0	x 0	=	0
Multiple Dependent Claims				*	=	*

**Insert 3 and 20. or number previously paid if greater; Reissue see below

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claim
1204	86	2204	43	Reissue Independent Claims Over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) $144.00

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description	Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath	*
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	*
1053	130	1053	130	Non-English specification	*
1812	2,520	1812	2,520	For Filing a Request for Reexamination	*
1251	110	2251	55	Extension for reply within first month	*
1252	420	2252	210	Extension for reply within second month	*
1253	950	2253	475	Extension for reply within third month	*
1254	1,480	2254	740	Extension for reply within fourth month	*
1255	2,010	2255	1,005	Extension for reply within fifth month	*
1402	330	2402	165	Filing a brief in support of an appeal	*
1403	290	2403	145	Request for oral hearing	*
1814	110	2814	55	Terminal Disclaimer Fee	*
1452	110	2452	55	Petition to revive - unavoidable	*
1453	1,330	2453	665	Petition to revive - unintentional	*
1501	1,330	2501	665	Utility/Reissue issue fee	*
1502	480	2502	240	Design issue fee	*
1460	130	1460	130	Petitions to the Commissioner	*
1807	50	1807	50	Petitions related to provisional applications	*
1806	180	1806	180	Submission of Information Disclosure Statement	*
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	80
1801	770	2801	385	Request for Continued Examination (RCE)	*
Other fee (specify) _____					*

Subtotal (3) $80.00

Signature _David R. Fairbairn_   Reg. No. _____ 26,047 _____

Date _2/4/04_   Deposit Account No. _____ 11-0982 _____